

COUNTY OF SAN DIEGO
DEPARTMENT OF HUMAN RESOURCES
REQUEST FOR SPECIAL TESTING ACCOMMODATIONS

The County of San Diego has a strong commitment to workforce diversity by providing equal employment opportunities for all persons regardless of race, color, religion, national origin, ancestry, physical or mental disability, medical condition, marital status, gender, sexual orientation, age, or veteran status. Any individual who has a physical or mental impairment or limitation described as a disability under the Americans with Disabilities Act ("ADA") may request reasonable accommodations when taking written examinations. Alternative testing days or other special accommodations requested for religious reasons may also be granted. Decisions regarding accommodations shall be made by the Department of Human Resources on a case-by-case basis.

To request a testing accommodation due to a disability, you must include with this form, documentation recently obtained on official letterhead from a physician, school official (for learning disability only), licensed psychiatrist or psychologist, or other appropriate authority, which identifies your disability and your need for the requested accommodations. To request a testing accommodation for religious reasons, you must include with this form documentation from a recognized religious leader describing the requested accommodation. Submit this form and required documentation **within 10 days of application submittal to:**

Department of Human Resources, 5530 Overland Ave, Ste. 210, San Diego, CA 92123 or send by email to: Processunitemail.fgg@sdcounty.ca.gov

RECRUITMENT # _____ RECRUITMENT TITLE _____

NAME _____ LAST 4 DIGITS OF SSN _____

ADDRESS _____
(Street) (City) (State) (Zip)

PHONE NUMBER(S) _____
(Home) (Work) (Other)

☐ I am requesting special testing accommodations based on my religious beliefs/affiliation

☐ I am requesting special testing accommodations based on my disability in the area(s) checked below:

ACCOMMODATIONS REQUESTED (Check all that apply):

☐ Date other than scheduled test date (please explain) _____

☐ Additional Time (please explain) _____

☐ Other equipment or accommodation (please explain) _____

By my signature below, I hereby authorize the County of San Diego to verify my need for special testing accommodations. I understand that this verification may include contacting persons and/or agencies provided in the documentation I have provided, in order to determine my need for special testing accommodations. I understand that only information needed to verify my accommodation request and determine the accommodations required will be requested. These documents will be kept confidential in accordance with the ADA.

Applicant Signature _____ Date _____